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CASE OF ULCERATION AND PERFORATION OF THE AORTA, WITH LARGE POLYPI BLOCKING UP ITS CALIBER.

By GEO. L. UPSHUR, M. D.

To the Editor of the Medical Examiner.

I transmit below the history of an interesting case, as reported to me by Dr. Plummer, of the Navy, through Commander Sands, of the U. S. ship of War Falmouth. If you think, with me, that it is calculated to throw any light upon the diagnosis and treatment of an exceedingly grave and rare disease, you are at liberty to give it to the medical world through the columns of your valuable Journal. I have appended some remarks to the report.

It may be proper to state, as explanatory of some of the passages in the letters of Drs. Plummer and Bee, that the late Purser Upshur, prior to his entering the Navy, had been a practitioner of medicine for six or seven years.

GEO. L. UPSHUR, M. D.

"U. S. Ship Falmouth," }
At Sea, Sept. 7th, 1844. }

Sir:—In accordance with your wishes, expressed in your note dated on the 6th inst., I herewith transmit a short, and, at the same time, as correct a statement as it is in my power to give, of the symptoms, treatment, &c., of the case of the late Arthur W. Upshur, Esq., Purser, for the information of his medical friends.

I also enclose herewith, for the same purpose, a paper on the same subject, from Dr. E. J. Bee, the Assistant Surgeon of this vessel, which should, and, I fondly hope, will, give great satisfaction to the friends of the deceased.

Mr. U., on leaving Old Point, had facial neuralgia, for which he took, then, and had been in the habit of taking for the same malady, 1-6th of a grain of acetate of morphia almost every night. About that time, he also took B. Mass, et Ext. Col. Comp. aa. gr. v., and, after its operation, he complained no more of the neuralgia.

During our stay at Vera Cruz, there was continual thunder and lightning—showers of rain at night succeeded by great heat during the day; Fah. thermometer ranging between 82° and 85° in the shade. From first to last, however, there was nothing simulating yellow fever in his case, although he must have been very much exposed, with other officers, in his visit up to the city under a broiling tropical sun.

On the 23d of August, he remarked, that, for a long time previous, he had had great difficulty of breathing on ascending heights, with an occasionally intermitting pulse, and at that moment I felt his pulse, and found it intermitting once every minute, full also, and rather slow. As it was very warm in his state-room, (thermometer 80°) he slept upon deck, and caught cold, on the night of the 25th. On

the 26th he complained of pain in the left side, with a dry, tickling cough, for which venesection was proposed, but he would not submit to it, as he believed it to be merely an attack of asthma, or else a metastasis of the neuralgia on which the pain in the side had supervened; for he said also, that he had had the pain in the side ever since four days out from the Capes of Virginia, just about the time of the disappearance of the neuralgia; so that the reasons for his belief were quite plausible. Up to this time, 26th of August, he had not said anything of the pain in the side, either to Dr. Bee or to myself, otherwise I should have endeavored to persuade him to be bled q. s. For this he was cupped, which relieved him somewhat, but on the evening of the 27th he was obliged to have applied an Emp. Ves. which drew very well, and for the time relieved the pain entirely. He also took, that evening, Hyd. Chlor. Mit. gr. x. P. opii. gr. ij.—rested tolerably well.

28th, Evening. Took B. Mass. gr. v.; P. opii gr. ij.—passed a bad night, blister discharged well.

29th, 9 A. M. We persuaded him to have $\frac{3}{4}$ xiv. of blood taken away, which was not at all buffy; bore it tolerably well, and breathed much freer until towards evening, when he took Hyd. Chlor. Mit. gr. x.; P. opii gr. ij.

30th, Morning. Very restless night—in the morning, complained of pain in the chest, shooting back from the lower end of the sternum to the spine, and of pain opposite the 6th dorsal vertebra, which, however, he said was relieved by pressure instead of being increased, as is the case where spinal irritation exists; respiration entirely abdominal; deglutition difficult, and complained of a scalding along the whole tract of the œsophagus; tongue quite furred; pulse 100, and very soft; a tremulous motion of the right foot and leg; difficult micturition; pain at the top of the sternum with a suffocating sensation. Prescribed dry cups to the sternum, and emp. ves. to sternum and lower part of the trachea; syr. orgeat. flaxseed tea, and sub-acid drinks; but what he mostly relied on was the acet. morph. in gum water.

31st. Passed a very restless night; countenance more haggard; pulse 100, and fluttering; aq. camph. p. r. n., acet. morph. gr. ij. in Muc. G. Arabic $\frac{3}{4}$ viij-s. $\frac{3}{4}$ ss. every four hours, at his own particular request, as he said that nothing else gave him any relief. Flaxseed tea; c. cups, No. 9, to spine and right chest; cups to spine and right chest, No. 6; dry cups to spine and epigastrium.

Sept. 1st. Cut cups No. 2 to nucha; dry cups, No. 9 to back of neck, between shoulders, epigastrium, and also over cardiac region; accordingly as the pain shifted, there the cups were applied; morphine and mucilage as usual; sweetened mucilage; sinapisms over various parts of the chest; took, at his own request, Ol. Ricini $\frac{3}{4}$ ij., with ess. of peppermint, but immediately rejected it; stimulating enema to relieve tympanitis; great difficulty of swallowing; pulse 120; warm spiced brandy to epigastrium; lin. ammon. to spine.

Sept. 2nd. In the night emp. ves. 11 in. by 3 in. was applied over the spine between the shoulders,

and it drew this morning, with some relief. Took 1-4th gr. Ext. Belladonna; at 6 A. M. was easier; pulse 120, but soft; tongue soft and moist; drank a cup of tea through a quill; became worse again about 9 A. M., and died at half past 10 A. M., retaining his senses perfectly up to the last moment.

Autopsy twenty hours after death.

Strong evidences of putrefaction, viz: putrid odor, and a bluish discolouration about the hypogastric and iliac regions; found the stomach natural, except a few small gray patches, resulting probably from gastric inflammation; the posterior part much injected with blood, but cadaveric. The blood could be pressed out of the vessels, which is not the case with an inflamed stomach.

Spleen. Twice the natural size; no lesions; blue at its apex; no softer than a healthy one.

Liver. Healthy, but very much enlarged, extending below the false ribs, and partly over the spleen; acini enlarged; gall bladder healthy; no calculi. *Kidneys,* healthy.

Heart. Has been no inflammation of the pericardium; endocardium presents no indication of inflammation either acute or chronic; valves healthy; left ventricle slightly dilated, and its walls, perhaps, a little hypertrophied. The condition of the heart (organic) does not explain the cause of the pulse intermitting.

Lungs—Right. Pleura adherent throughout to the walls of the chest; very much congested in the upper lobe, but no pus, nor hepatization; middle lobe, hepatized, yellowish, and in apex an abscess the size of a hen's egg, partly filled with strumous blood and pus. The smaller bronchial tubes and vessels subtend the cavity. Some of them simulate in appearance the chordæ tendinæ of the heart; a few tubercles in apex in different stages of development. The lowest lobe very much consolidated, and discharged a considerable quantity of strumous matter on pressure.

Left lung. The adhesions of the superior lobe exist in patches only; inferior one adhesive entirely. Very emphysematous along its anterior margin; air vesicles much distended; presented on its surface an appearance very similar to the blotches on the skin of a poisoned person, only instead of being red they were a light yellow; interior too much congested to examine the vesicles; considerable bloody greyish spuma issued on pressure.

The trachea, larynx, and œsophagus, healthy.

Ascending aorta, natural, also the arch, but in the descending aorta, nearly opposite the breast, and a little below, found an ulceration opening through the coats of the artery, nearly round, and in size about that of an English shilling. Around this opening are several smaller ulcers, about the size of millet seed, or the point of a pin. Found in the aorta, about an inch below the opening, a small clot of blood, about the size of a shellbark hickory-nut with the hull on it. There was, also, protruding from the orifice into the aorta, the pointed end of a coagulum of blood. On pulling it through the opening, it was found to be four inches long, and in shape something like a gimlet handle. Presented the appearance of polypi of the heart. A long, bloody, oblong sack, extending nearly from the diaphragm to the kidneys, was found—in the abdomen the aneurism was between the spine and peritoneum. The abdominal aorta and intestines appeared healthy, but, from the somewhat hasty manner in which we were obliged to make the examination, we did not pay much attention to the abdominal viscera.

To the best of my ability, I have here endeavoured

to condense this statement as much as possible, (but it has been extended, perhaps, to a tiresome length,) and submit it, with all its imperfections upon its head, to the supervision of the medical friends, trusting that they will believe me when I say, that I exerted myself to do all that could be done on board ship, in so hopeless a case as it has been proved to be by the result of the post-mortem examination.

I am, sir, sincerely,

Your much obliged, &c.

J. W. PLUMMER, Surgeon.

J. R. Sands, Esq., Commander.

The following are extracts from Dr. Bee's letter to Dr. Plummer, and contain a very satisfactory account of an examination of the chest of the deceased, together with a history of some of his symptoms, before he was put upon the sick list of the ship:

"U. S. Ship Falmouth, Sept. 6th, 1844.

"Dear Doctor,

"In accordance with your request, I give below some of the conversations which took place between the late Purser and myself, touching his complaint as existing immediately after we sailed; and also the result of a very imperfect examination of his chest.

The fourth day at sea, while smoking with the late Purser, I alluded to his dyspnœa, which I had observed ever since I was acquainted with him, being about six weeks. I asked him if it was not asthma. He was not aware of being an asthmatic, but supposed that the dyspnœa depended upon his heart being diseased. He told me, that physicians on shore pronounced his heart hypertrophied. (Post-mortem has not verified this opinion—the change from a healthy heart being too slight for any auscultation to detect.)

*At his request, I examined his chest, (but you are aware that an accurate examination cannot be made on board ship,) and found that there was no vesicular murmur in the left lung—left side of chest fuller than right—intercostal spaces prominent, particularly upon inspiration—sibilant rhoncus—vibration of the voice, felt by the hand being laid on the left chest, very strong; percussion louder in the left than in the right lung. Compared only the intensity of sound between two sides of the chest—too much noise aboard ship to practice percussion. *Right lung.* Vesicular respiration hard in the upper lobe—lower lobes doubtful; bronchial, throughout the whole right lung; lower lobe, tubal; bronchophony, and bronchial resonance in middle and lower lobes. Sound of voice through middle and lower lobes disagreeable to the ear. In percussion, too much noise to distinguish between dull and flat sounds, and therefore did not practice it. I examined his heart, but the sounds were natural, as far as I could distinguish them.*

The opinion given him immediately after the examination, was as follows: Emphysema of the left lung—chronic pneumonia of the middle and lower lobes of the right, with hepatization, but whether second or third stage could not say, from not being able to mark the finer sounds. Heart I considered healthy, with allowance for ship examination. He told me his pulse frequently intermitted, but I believe I never observed it. He appeared satisfied that he had emphysema of the left lung. His right lung he thought healthy, except some slight consolidation resulting from a very bad cold he had in Norfolk.

The neuralgic affection he generally doctored himself, although, as a matter of form, he asked my opinion of the remedies, and permission to get them of

the steward. These were principally laxatives, counterirritants, and anodynes. His appetite was good—also his digestion—complained of no pain nor difficulty of swallowing—was somewhat costive, for which he prescribed for himself seidlitz powders. He complained of nothing but wheezing and shortness of breath after the neuralgic affection left his face, when the wheezing became worse.

He went ashore at Vera Cruz—came aboard very much fatigued, sunburnt, and complaining of headache. Said he did not want any medicine, but as soon as he had a good night's rest, would be as well as ever. After we sailed from Vera Cruz, he slept one night till late in the quarter boat, and was somewhat chilly when he got out and went below. It was then, he supposed, he took his cold. He prescribed for himself, the evening before he came on the list, a blue pill, followed in the morning with a seidlitz powder.

I never heard him complain of pain in his breast, until after he took this cold. This pain increased with his sickness, and simulated spinal irritation so much that he was cut cupped, dry cupped, and finally blistered. His back was tender on pressure. Cupping always relieved him.

Yours, respectfully,

Dr. J. W. Plummer,
U. S. Ship Falmouth.

E. J. BEE.

Remarks.—There are few cases on record presenting to the medical man more points of interest than that detailed above. I had known the deceased for a number of years prior to his death. He was stout, fleshy, of low stature, and of a decidedly strumous diathesis. About three yeears ago, he had a severe attack of remittent fever, which scarcely abated before acute articular rheumatism supervened, from which he did not recover for several weeks. Since then he constantly suffered more or less with dyspnoea, and a dry, hacking cough, accompanied by shooting pains about the sides of the thorax, which simulated spinal irritation. These symptoms, however, were never severe enough to confine him to bed, or even to the house. Some time during the latter part of last June, he took cold, which gave rise to more cough than usual, and some fever. About that time, at his request, I examined his chest, and found his lungs nearly as described by Dr. Bee, except that the morbid sounds were not so well marked in the right lung, and there was altogether an absence of the tubal respiration in the lower lobe. The action of the heart was rather stronger than natural, with a roughness of the first sound, and I told him I thought there was some hypertrophy.

The autopsy showed extensive disease of the lungs, while the heart was comparatively healthy, verifying completely the accuracy of Dr. Bee's diagnosis. The most important lesions, however, were found in the descending aorta, which was, undoubtedly, the primitive seat of disease, the lungs being secondarily involved.

It becomes a matter of interest to inquire, how long prior to death had ulceration and perforation of the aorta existed? From the history of the case, it is probable, that aortitis was co-existent with the articular rheumatism alluded to above. The inflammation subsequently became chronic, giving rise to the ulcerations and fibrinous deposits exhibited by the autopsy. It has long since been demonstrated, by Bouillaud and others, that inflammation of the internal membrane of the heart is present in a majority of cases of articular rheumatism, and, as the internal tunic of the aorta is merely a continuation of the

endocardium, it is fair to presume that it may suffer similar lesions during the course of that affection. When we take into consideration the extent of the opening, the size of the clots, the emphysema, hepatisation, and tuberculous condition of the lungs, together with the increased size of the liver and spleen, we are almost forced to the conclusion, that ulceration of the artery commenced at a remote period, while the perforation existed for some days, at least, prior to death. On the other hand it would seem, that obstructions so great, offered for any length of time to the free flow of blood from the heart, would have been productive of more hypertrophy and dilatation of the left ventricle than are reported to have existed. It may be, however, that the fibrinous clots did not attain the size described by Dr. Plummer, until a very short time before death.

The existence of the "large, oblong, bloody sac, extending nearly from the diaphragm to the kidneys," is another interesting point in this case. It is to be regretted, however, that the report does not locate more definitely the connections of this sac. We are at a loss to determine, whether it started from near the diaphragm *in the thorax*, or *in the abdomen*—whether it was merely a blind pouch filled with blood, or, the flow of blood being obstructed in the artery, it formed a collateral channel for the circulation, by connecting with the aorta above and below the obstruction. If it was not spoken of in the report as an "aneurism," I should be inclined to think that it was a closed sack, formed by effusion of blood at the moment of perforation.

There seems to have been an intimate relation between the neuralgia and the disease of the aorta, or of the lungs. The report says, that as soon as the neuralgia ceased to show itself in the face, the cough and dyspnoea became more troublesome. Upon what was this dependent? I have several times seen severe facial neuralgia during the course of pulmonary diseases, especially in pneumonia, occurring in anemic persons. I leave to wiser heads the task of explaining the phenomenon.

Norfolk, (Va.) Sept. 26th, 1844.

CASE OF LABOUR, COMPLICATED WITH RECTO-VAGINAL HERNIA.

BY PROFESSOR MEIGS.

To the Editor of the Medical Examiner.

Sir,—Mrs. R., aged about 30 years, the mother of four children, all of which were born by easy natural labours, and one of them in a labour of two hours, was seized with the parturient pains at half-past eleven o'clock last night. She was at full term, and in good health, save that she had complained much of an unusual pain in the right side of the abdomen, and particularly in the right iliac region.

Her physician, Dr. Bicknell, was called to the charge of the case;—Dr. B. discovered a tumour occupying the cavity of the pelvis, which impeded the progress of the labour. The woman's pains were frequent, and violent, and attended with the most excessive tenesmic effort at bearing down. Dr. B. invited me to see the patient, and I arrived at 2 o'clock, P. M., at her house in West Philadelphia.

The external parts were in a relaxed state. The index finger used in touching was pressed towards the symphysis pubis, by the tumour which seemed nearly to fill up the pelvic cavity and effectually to debar the head even from engaging in the superior strait, though the labor had continued already 14½

hours, in the case of a woman who in all other labours was occupied but two hours with the whole process.

I could just conveniently touch the presenting part of the head, which was in the 4th position of the vertex presentation. The os uteri fully dilated.

The tumour was compressible. I touched by the rectum, and so discovered that the tumour was in the peritoneal cul de sac betwixt the rectum and vagina, but distending that cul de sac enormously. The diagnosis could be nothing else, considering the softness of the swelling, than a vaginal enterocele, which I immediately proceeded to reduce.

The woman was placed on her left side. The knees drawn up. I introduced the fingers of the right hand into the passage and pressed the ends of them against the lower part of the tumour. By keeping up the pressure a short time, during which I repeatedly exhorted the woman to be passive, and not to bear down at all, I could cause the whole mass of the swelling to rise up towards the back part of the superior strait. As the mass ascended, it grew smaller, until on a sudden, the whole tumour slipped beyond the reach of the hand, and was lost. I announced this good fortune to the patient, and exhorted her not to bear down at all with the approaching pain lest the gut should again prolapse. The pain that ensued brought the head nearly through the superior strait and partially rotated the vertex. The second pain rotated the head and propelled it on the perineum; the third brought the vertex considerably beyond the pubic arch, and the fourth expelled a very large and healthy child; after which the placenta came off in a few minutes.

I look upon this as a very interesting case; not merely on account of the rareness of vaginal enterocele in the pregnant female, but as exhibiting the power of such a tumour to suspend and impede the progress of a labour in all other regards natural and healthy.

I presume, as so many hours had already elapsed in vain and exhausting efforts by a strong woman, that there was reason to fear a dangerous strangulation or contusion of the displaced bowel; and that it was fortunate for the patient that the intestine could be returned above the plane of the strait. The rapidity with which the head passed through the whole pelvis and the soft parts, as soon as the obstruction was removed, showed conclusively that the vaginal enterocele was the cause of her distress. As I have never met with such a case before, I thought that the publication of it might prove useful to some of the younger of your readers, should one of them happen to meet hereafter with a similar instance of difficulty.

I am, sir, very faithfully,

Your obedient servant,

CHARLES D. MEIGS.

Philadelphia, Sept. 26, 1844.

The above is an instructive narrative; one which the young practitioner ought to remember, on account of the diagnosis and treatment which it so well sets forth. A similar case occurred to us many years ago, which embarrassed us at the time exceedingly. It was not until we had traced the tumour with the finger several times, without finding any connection with the cavity of the uterus, that we became satisfied that it was not the ovum itself. We have delivered the same lady three times, and in every instance were obliged to push the protruded intestine above the fetal head, before labour could proceed

satisfactorily. In one other case of the kind which we have seen, the tumour was much smaller, and opposed no obstacle to delivery.—EDITOR.

ON THE INFLUENCE OF MARSHY EXHALATIONS ON PHTHISIS.

BY JAMES BRYAN, M. D., OF PHILADELPHIA.

In "Braithwaite's Retrospect" for July, 1844, a quotation from the *Gazette Medicale*, of Nov., 1843, occurs, in which it is stated that a letter addressed to the President of the Academy of Medicine, on the infrequency of phthisis in marshy districts, was read. Messrs. Oliver, Brera and others, have called the attention of the profession to the fact, that there exists an antagonism between phthisis and marsh fevers. A countryman of our own, Dr. H. Green, of New York, published a very interesting paper some years ago, containing several marked cases confirmatory of this view, in the *New York Journal of Medicine and Surgery*. A personal acquaintance with Dr. Green, and some knowledge of the localities spoken of, induce me to place great confidence in his statements.

A case, among others, which came under my own notice, gives, in my opinion, additional strength to the testimony. A young lady of delicate conformation and phthisical habit, had laboured for some two years under the usual symptoms of incipient consumption. These, from sedentary habits and other causes, became confirmed, and she left the city unable to walk, or sit up any length of time. She went to a relative in New Jersey, who resides on the margin of a marshy stream, whose farm in fact, embraces a large amount of low ground, fit only for hay and grass. On being removed there, which was only that she might die among her friends, a physician was called in for form sake, without any hope of relief. Contrary to all expectations, at the end of a few months, her night-sweats, expectoration, cough, &c., were much relieved, and a slight "show" of the menstrual discharge, which had entirely ceased for several months, took place. At this time she is able to visit New York, and travels over the country among her friends, apparently in a fair way of recovery.

Other cases might be mentioned but space will not permit. It has occurred to the writer, some of whose family and patients have been relieved by a temporary residence in marshy districts, that if "these things be so," whether, as medical advisers, we might not send our patients (during the spring and autumn months) to reside on the banks of the Schuylkill among the "haunted houses" north and west of the city, or to the low grounds of Delaware, Maryland or New Jersey. This would certainly be more convenient than sending them to distant and foreign countries, exposed to the many privations inseparably connected with long journeys. Will not medical men, who reside in miasmatic districts, give their experience in these matters, and inform us of the frequency of pulmonary diseases where malaria gives the prevalent endemic type?

WOUND OF THE ABDOMEN; DELIRIUM TREMENS.

Mr. Tennent narrates, in the *London and Edinburgh Medical Journal*, a case of penetrating wound of the abdomen inflicted on a drunkard, who was going on well for a few days, when delirium tremens set in, requiring the free exhibition of opium and ammonia. The case ultimately did well.

CLINICAL LECTURES AND REPORTS.

LECTURES

Delivered in the Theatre of St. George's Hospital, in the session 1843-44,

BY SIR BENJAMIN COLLINS BRODIE,
Consulting-Surgeon of the Hospital.

NON-SCIRRHOUS TUMOURS OF THE BREAST.

On the use of mercury in syphilis. Treatment of syphilis without mercury. Cases in which mercury should or should not be given.

GENTLEMEN,—The observations which I addressed to you in my last lecture were made on the supposition that care would be taken to distinguish scirrhus and other malignant tumours of the breast from those of a non-malignant character. I consider it unnecessary to call your attention to the diagnosis of different tumours, but I am anxious to impress upon your minds that you must be careful to learn this for yourselves from other lectures. When a practitioner tells me that he has been particularly successful in the operation for scirrhus tumours of the breast, I am always satisfied that there has been a want of accuracy in the diagnosis. I remember a gentleman stating that he had performed this operation ten times, and that the disease had not returned in a single instance. No very experienced surgeon would have made that statement, but I subsequently saw a tumour which this gentleman was going to remove, and it was nothing more than a common chronic abscess of the breast which he had denominated scirrhus.

I shall now call your attention to another subject—the administration of mercury in cases of syphilis. I shall not enter into detail either as to the mode of its exhibition or the cases in which recourse should be had to it; but I propose to make some general observations, which, at this time, when so much difference of opinion prevails as to the use of mercury, and there is so much random practice in its employment, may be serviceable to you in the beginning of your profession.

Mercury was used in case of syphilis very soon after the disease was first recognised in Europe. I believe that from within three or four years after the siege of Naples, where it was supposed it first broke out, through good report and through evil report, in spite of the too strong prejudices of some in its favour, and of others against its use, mercury has maintained its general reputation in the profession up to this day. At different periods, however, other remedies have been proposed for the cure of venereal disease. The late Sir Wm. Fordyce wrote a pamphlet for the purpose of proving that it was to be cured by sarsaparilla. An army surgeon, Mr. Grant, wrote a pamphlet in favour of opium; another practitioner has cured it by ammonia, and others have spoken highly of nitro-muriatic acid. Many other remedies have been proposed as a substitute for mercury, which it is not necessary for me to enumerate. In hot climates—Spain Portugal, the West Indies, and the islands of the Pacific Ocean,—syphilis was said to be cured without the aid of a particle of this remedy. But in opposition to what I have just mentioned there was, in the beginning of this century, a prevailing notion that mercury was a specific for syphilis, and that it was never cured without it. The late Mr. Abernethy, in his work on what he terms pseudo-syphilis, lays it down as a rule that syphilis is uniformly progressive if mercury be not administered,

and he said of every disease that came before him in which the symptoms improved without the aid of mercury, "this cannot be syphilis." He gave no reasons for this extraordinary assumption—it was a complete *petitio principii*—a begging of the question, and this illogical conclusion at which he had arrived, was sufficient to destroy the value of this part of his works. Not long after this opinion had been published by him and was maintained generally throughout the profession, a friend of mine, the late Mr. Rose, who subsequently became surgeon to this hospital, instituted a series of experiments on the subject of the treatment of this disease. He had ample opportunities of carrying these on; for he was surgeon to one of the regiments of Guards, and soldiers associating with the lower order of prostitutes, I need hardly say are very liable to become affected with syphilis. For one or two years he treated every soldier that came into the regimental hospital, suffering under any form of syphilis, without mercury. I saw these cases, and every now and then watched their progress with him. Every sore upon the organs of generation was cured under his management without the employment of this agent. It is true that many of these sores were not venereal, but many of them were of that character; and the hardness which was left behind disappeared without resort to mercury. Many of these patients never had secondary symptoms, which may be attributed to the sores not having been venereal; but in some cases, where secondary symptoms appeared, they were slight, and others severe, exhibiting nearly the usual character; but whatever they were they yielded without this agent. In two or three cases where there was inflammation of the iris, and mercury was necessary in order to save the eye, he employed it. Mr. Rose, therefore, came to the conclusion, which these cases seemed to justify, that the disease was one which would get well even if mercury was not used. Other army surgeons repeated these experiments, and arrived at the same result, and I believe that the disease is now treated in the army to a considerable extent in this manner.

Now, these observations led a certain part of our profession to a view of the subject entirely different from that which they before entertained; and some began to contend that mercury did a great deal of harm, and was in itself a worse disease than the one it was intended to cure. With respect, however, to recovery from syphilis without the aid of mercury, I do not believe that you can apply a rule, drawn from the observation, of what occurs in soldiers to society at large. We find that the effects of disease in all cases depends very much on the kind of constitution that has to sustain it. Students from the country, on coming here, have frequently expressed their astonishment at the difference in recovery from compound fracture in the hospital and in those places in the country where they have seen it. But here the occurrence takes place in one kind of constitution, and there in another. When the cholera visited London it destroyed 300 out of more than 1,500,000 inhabitants; in Sunderland it carried off a large proportion of the population; and in Paris I think the mortality was about one in thirty. Here the cholera did not destroy the affluent classes, but those who were ill-fed, ill-clothed, and were breathing a poisonous atmosphere, and they sank under it with great rapidity. So I apprehend it to be with syphilis. Soldiers are men with strong constitutions, and are in good health, otherwise they would not be received in the army. They are not much advanced in life; they are sent to the regimental hospital, and are

there kept constantly under the eye of the surgeon, dieted as he pleases, and their general health is attended to in every respect. They are not allowed to be exposed to atmospheric changes of the weather, and, in short, from their constitution and the situation in which they are placed, they may be supposed to have the power of throwing off morbid poisons which would not be thrown off by others. Experience and practice will, I think, fully confirm these observations. I know that in this hospital I have tried to treat syphilitic patients without mercury with very little success indeed, and that in private practice the attempt would prove altogether a failure. Sir Wm. Wimpess, who was surgeon-major to the Coldstream Guards, but has now retired from service, saw a great deal of syphilitic practice, and he told me that he could manage the cases of privates in this manner, but not of officers. When Mr. Rose entered into private practice he thought that he could apply the same rule there which he had carried out among the soldiers, but he found that he could not, and he was compelled, like other surgeons, to give mercury. In cases where he endeavoured to avoid its exhibition he found that he was continually beset with difficulties.

With regard to the other point I mentioned,—the opinion that mercury very often tends to aggravate the disease instead of doing good,—I know that its injudicious use will do harm, but I am satisfied that that is not the result when it is wisely administered. It has been said that there is no disease of the bones where mercury is not given. I know that in patients who are treated by mercury there is a greater chance of disease of the bones than there was in Mr. Rose's patients, to whom it was not exhibited; and I know that when given for liver complaints and for diseased testicle it may produce nodes. But, admitting this to be true, I am quite sure that syphilis will run on till it produces nodes, by which I mean disease of the bones, even where no mercury has ever been given. I will state a case in point. A gentleman had a chancre which no one doubted to be venereal; he took no mercury and it healed up. I do not remember exactly what symptoms followed, but when I saw him, in consultation with Mr. Rose, a couple of years afterwards, he had extensive disease of the bones of the nose, which was still advancing; we agreed that the best thing we could do was to put him under the influence of mercury, of which he had never taken a grain, and try whether or not it would stop the disease. He was to be furnished with lodgings in London, for the purpose of going through a mercurial course, but he had a fit of epilepsy, and then another, and that was followed by a third, after which he became maniacal and died. I do not know that there was any post mortem examination, but neither Mr. Rose nor myself doubted that the disease had crept up the ethmoid cells, attacked the ethmoid bone, and affected the brain and its membranes. I saw another case treated without mercury. A patient had a primary sore, of which he got well, but a few months afterwards there was pain of the limbs, which were considered neuralgic, and by and by there was a node on the shin and another on the elbow. He had never had any disease prior to the chancre, and we could not but suppose that the virus had entered the system, and the secondary symptoms being passed over, had gone at once to the bones. The conclusion of the case was very remarkable; the patient got entirely well with sarsaparilla, no mercury being given.

I am sure that experience proves to me, and it will to you, that we find no remedy having the same power to extinguish venereal disease as mercury, but

then it must be not only judiciously administered at the time, but care must be taken that it is only employed in proper cases; it may do great harm if it be improperly used. There is nothing remarkable in this fact. With the exception of sarsaparilla, I do not know of any medicine that will do great good that may not act as a poison. I saw a gentleman very nearly killed by an over-dose of quinine; the same circumstance has occurred from iodide of potassium, and many persons have been destroyed by arsenic. You are not to suppose that you are to administer mercury at random in all cases, but the general rule is that in cases of syphilis it is to be exhibited, and I shall endeavor to point out briefly, not the cases in which you may give it, but the exceptions to the rule.

First of all, there are persons of a certain delicate constitution, of a scrofulous disposition, and who are disposed to phthisis. You would not give mercury to a man of this kind until you were quite sure that it was absolutely essential; nevertheless, there are persons of a scrofulous tendency who are best treated by this means. If mercury be an evil, syphilis is still a greater one. In scrofulous persons local diseases are especially developed after the system has been effected by a morbid poison. If they are disposed to phthisis they will have tubercles in the lungs after scarlatina, measles, and small-pox; and it is just the same after syphilis. You find enlargement of the glands of the neck take place whenever the system is disturbed by syphilitic virus, and here mercury is not to be exhibited unless you are sure that it is wanted. But if there be syphilis it is better to give it than to let the disease have its course; it must, however, be administered with great caution, in moderate doses, and the patient must be carefully watched all the time.

Persons who appear to be in strong and vigorous health are not always good subjects for mercury. Many persons of this description have been living irregularly, drinking a great quantity of wine, and mercury is very likely to disagree with them and produce great mischief. True it is that the poison of syphilis will do the same; it will often produce frightful symptoms and the most intractable diseases; but it is better to put off the use of mercury for some time until you can improve the constitution. If mercury be exhibited under such circumstances you have two evils to encounter, but by withholding it you have only one. If you wait, put the patient on a better system of diet, make him live a more regular life, and attend to the general health in all respects; you may then administer mercury with advantage, and probably cure the case.

There are some persons in whom, for reasons we cannot explain, mercury always acts as a poison. They certainly are few in number, but you cannot tell beforehand who they are, and therefore every person should be carefully watched to whom you administer mercury. Where there is a great deal of inflammation in the neighbourhood of a primary sore it is scarcely ever right to have recourse to mercury in the first instance; for the probability is that it will produce sloughing. You must combat the disease by bleeding, purging, and other means; and it is better to patch up the sore as well as you can, and let the disease go on until it has produced secondary symptoms, than to give mercury to a patient under these circumstances. In cases of phagedenic and sloughing chancre, where the condition of the chancre depends on the patient's constitution, mercury, if given in the first instance, will aggravate the disease, and make it spread more rapidly than it would otherwise do.

But there are cases in which the phagedena depends on the intense action of the venereal poison, as I shall hereafter explain, and in that case mercury may be exhibited.

You will sometimes find that in the case of secondary symptoms, mercury, instead of acting upon them and curing them, disturbs the general health; the symptoms increase, and the more you give the worse they become. This arises from the patient being in a bad state of constitution, which state of the constitution may depend on causes neither under your control nor that of the patient, but on the patient having taken mercury in an injudicious manner. Under these circumstances you must not continue this agent, but leave it off, and he may then recover; nevertheless you may require to revert to it at last. In order to illustrate this observation, I will mention a case. A man was brought into this hospital with sore throat, and a phagedenic eruption, having the character of syphilitic eruption, in different parts of the body, in a state of painful ulceration. He looked exceedingly ill, and I found that he had been taking mercury in large quantities, under a private practitioner, for five months. His gums were extremely sore when he came here, and the more mercury was pushed the worse he became; I therefore left it off, and gave sarsaparilla, and in a few months the eruption disappearing, he left the hospital. But after the lapse of a few months he came in again with sore throat and ulceration, having taken no mercury in the interval. I gave sarsaparilla a second time, and with the same beneficial effects, but the eruption did not disappear so rapidly as in the first instance. In the course of three or four months he again came in, and the ulceration was again spreading, accompanied with sore throat. I resorted to sarsaparilla a third time, and the symptoms went away, but more slowly than on either of the previous occasions. Towards the conclusion of the time that he was in the hospital, he laboured under inflammation of the iris, for which I gave him oxymuriate of mercury, and he got well. Three or four months after this the disease again broke out, the ulceration re-appeared and spread, and the sore-throat returned. He now went into the Lock Hospital, under the care of Mr. Blair. This was fourteen months after he first came to St. George's; he had taken no mercury during that time, except for the iritis, and Mr. Blair now very properly put him under a course of mercurial inunction, and I believe he was permanently cured. If I had done this when he first came here I should probably have killed him. I might mention a great many other cases to illustrate these observations.

Now, I have said that in the great majority of cases mercury is the best remedy you can employ for the cure of syphilis, but then care must be taken that it is properly and judiciously administered. There are different ways of exhibiting mercury; it may be given internally by pills; it may be used in the form of ointment, or by fumigation. The mercurial preparations that may be given internally are various—blue-pill, mercury with chalk, calomel combined with opium, Plummer's pill, iodide of mercury, bichloride of mercury, and some other forms.

I have often given mercury internally in the shape of pills. When you want to affect the system rapidly, as in iritis, pills are preferable, because the mercury affects the system sooner. A patient labouring under iritis is in danger of going blind, and you must remove it as soon as you can. You effect this much sooner by giving calomel and opium than by using mercurial inunction, and in slight cases the disease may be cured by mercury administered inter-

nally. There are a good many patients so circumstanced that they cannot take it in any other manner; at other times you are indifferent about the mode of administration; and in some cases you are compelled to give it internally against your inclination. Thus, upon the whole, there are a good many cases in which mercury will be exhibited internally.

But if you inquire which is the best way of giving mercury in cases of syphilis where the symptoms are not of the very mildest character, I must say that mercurial inunction is infinitely to be preferred to mercury taken by the mouth. Mercurial inunction, however, is dirty, laborious, and troublesome, and it makes the case public to the family in which the man lives. For these reasons it will be objectionable to the patient; but it has this advantage, it is much less liable to gripe and purge, and it cures the disease a great deal better. It does not damage the constitution half so much as mercury taken by the mouth; nay, I will go so far as to say that, except in the very slightest cases, you really cannot depend upon any mercurial treatment effecting a certain cure, or even giving a good chance of it, by any other means than inunction. You may very often patch up the disease by giving mercury internally, but it will return again and again, and you may cure it at last by a good course of mercurial ointment. But especial care must be taken that this is properly applied. If it be left to a patient he will rub it in for five minutes or so, whereas it requires to be rubbed in before the fire for three-quarters of an hour ere it enters; but by and by the friction may be continued for a shorter period. Where the symptoms are of the mildest character it is desirable that the patient should, if possible, be confined to the house. Mr. Pearson observed, long since, that going into the fresh air would undo the effect of mercury, and I never will be responsible for thoroughly eradicating the disease where the patient is at all exposed to cold, and where he does not lead a most careful and regular life.

In all cases where you employ mercury, you have two objects in view—first, to cure the present symptoms, and, secondly, to prevent their return. It appears to me that at the present day a great number of practitioners keep the first object only in view, and lose sight of the second. I have repeatedly seen persons who have taken mercury for chancre; it has healed in a fortnight, but a hard base has been left, and then in nine cases out of ten there has been secondary symptoms. If it be taken for a primary sore the patient should never leave it off until the hard cicatrix has disappeared. You must exhibit it until the sore has healed, and for some time afterwards; and the same plan must be pursued with reference to the secondary symptoms, or they will return. When the eruption has disappeared from the body it must be used as a prophylactic to prevent the return of the disease, for probably another month.

I should say that if a patient be confined to the house, or only allowed to go out a little once or twice a day, and if he be made to rub in mercury, and continues it for some time after the symptoms have subsided, the case being carefully watched, you will, in most instances, make a real and permanent cure of the disease. This is not the way in which it is administered by many practitioners now, but it is the mode in which it was done formerly. You must not suppose that we have made an advance in all departments of surgery; on the contrary, I am sure that in some we have gone back. I am satisfied that the mercurial treatment of syphilis, as employed by the late Mr. Pearson during a great part of his life, was as nearly perfect as possible, and it was much

more successful than the less careful treatment of modern practitioners. Mr. Pearson was surgeon to the Lock Hospital, and having no general hospital to which to attend, the powers of his mind were very much devoted to this disease and to its treatment; and the practice which I have now recommended was that which he adopted. I had an opportunity of meeting him a great deal when I was first entering into practice, and I am satisfied that his mode of treatment was eminently successful. In his work on "Materia Medica" there is an article on syphilis, in which there are many excellent observations on mercury, treating the subject in detail in a way in which it is not my intention to do at present; but I refer you to that article as being well worthy of perusal.

Wherever you can, in the treatment of syphilis, make the patient take mercury in the form of unction if possible. It is the best plan to pursue in all cases, although it is not necessary in all cases; but where the symptoms are severe, and a long course is required, it is the safest mode of proceeding.

I will avail myself of this opportunity of stating the class of cases in which you may employ mercurial inunction with the greatest advantage. Children, when born, sometimes labour under syphilis, the father or mother having been affected with it—perhaps the father and not the mother. The child at birth looks thin, and is of small size, and instead of thriving it becomes still thinner. At the end of three weeks it is covered by a nasty scaly eruption; there is a sort of aphthæ in the mouth, and chaps about the lips and anus. I have tried different ways of treating such cases. I have given the child grey powder internally, and given mercury to the wet-nurse. But mercury exhibited to a child by the mouth generally gripes and purges, seldom doing any good; and given to the wet-nurse it does not answer very well, and certainly is a very cruel practice. The mode in which I have treated such cases for some years past, has been this: I have spread mercurial ointment, made in the proportion of a drachm to an ounce, over a flannel roller, and bound it round the child once a day. The child kicks about, and the cuticle being thin, the mercury is absorbed. It does not either gripe or purge, nor does it make the gums sore, but it cures the disease. I have adopted this practice in a great many cases with the most signal success. Very few children recover in whom mercury is given internally, but I have not seen a case where this method of treatment has failed.

Mercurial inunction may be used in certain cases in which were mercury taken internally it would do absolute harm. For example, a gentleman had a nasty phagedenic sore upon the penis; it could not be said that he was in ill health before, and therefore there was some reason to believe that the disease was spreading from the intensity of the venereal poison. He had taken calomel and opium until the gums were sore, and he was decidedly worse under it. The disease destroyed a great part of the glands, and evinced no disposition whatever to stop. It resisted all modes of treatment until he was put on a course of mercurial inunction; its progress was then arrested directly, and the sore healed with great rapidity. I have seen several instances of the same character.

Another mode of administering mercury is by fumigation, and this may be applied either locally to a part, or generally to the whole body. The patient is to sit in an apparatus like that used for sulphur baths, but instead of sulphur being thrown on a hot iron, black oxide of mercury is to be used. The patient may be affected very speedily by allowing

him to hold his head inside the bath for two or three minutes, so that he may imbibe the mercurial vapour. I have employed this with success in several cases where it was my object to affect the system as quickly as possible, but I have found that Mr. Pearson's objection to it is well founded, namely, that it is difficult to regulate the action of the mercury. You may affect the system too much or too little, and you may be taken by surprise by the patient's gums becoming all at once excessively sore. With reference to the effect of mercury on the system generally, I believe it is always better that the gums should be made a little sore, and that there should be some degree of salivation. You cannot depend upon it when employed in syphilis, unless these effects are produced.

But, as I have already said, there may be cases in which mercury may not be proper at all, and in which there are reasons for doing without it if you can. In some individuals in private practice, as well as among soldiers, the affection will be thrown off by the patient's own constitution. In a great many instances slight symptoms will disappear merely by the improvement of the general health. A gentleman had a well-marked venereal eruption. He was in London, and was about to take mercury. He was called to go into the country, and I ordered him to let the mercury alone for the present. He had not been in the country air long before all the symptoms left him. Cases like these are recorded in Mr. Abernethy's book, and they led him to say that they were not cases of syphilis. After a patient has passed through a mercurial course, it is not sufficient to tell him that his disease is at an end. It is very important that he should be kept in good health. If, after the disease appears to be eradicated, the health is broken down, the disease may return at a considerable distance of time. After a mercurial course it is well to put the patient through a course of sarsaparilla, to remove the debilitating effects of the mercury itself from the constitution. I will mention a case to show how much depends on the state of the general health. A gentleman had secondary symptoms, and I put him through a course of mercurial inunction for ten weeks. He was confined to the house, and most carefully attended to, and took mercury for some weeks after the eruption had disappeared. He seemed to be quite well, and went abroad and continued so; but at the end of a year, being in Lisbon, he went out, got his clothes wet, and took cold. This was followed by a severe attack of erysipelas, and a Portuguese doctor very indiscreetly bled him to a large extent, and an enormous abscess formed. His health became completely broken down, and he had now a return of the venereal disease, the symptoms being worse than they were before. When his health had improved, a surgeon in Lisbon put him under another course of mercury, and cured him.

In cases where the symptoms are aggravated by the use of mercury, they may be removed by sarsaparilla; in other instances they will subside under the use of iodide of potassium. It is now very much the custom to administer the latter in cases of syphilis. No doubt it is an excellent remedy in some cases, and it comes in to your aid extremely well where you have reasons for not giving mercury; but if you ask me whether you can rely upon iodide of potassium as well as upon mercury, I say, No. You may remove slight symptoms by giving it for a time, and severe symptoms by exhibiting larger doses; but in the latter case, so far as I have seen, it does not make a permanent cure, for the symptoms return again. As a prophylactic it is not to be compared with mercury.

I have spoken of the necessity of administering mercury, not only till the symptoms are relieved, but for a considerable time afterwards. You may inquire whether a long course of mercury will not injure the constitution more than a short one. Undoubtedly it will, but that is the very reason why you should give a long course at first. I will explain myself. If you exhibit a short course the disease is sure to return; you administer a second course, and the disease returns again, and thus you have repeated courses. Not only is the system weakened by the disease, but whenever it returns it assumes a more formidable character. But if you put the patient through a long course in the first instance, the frequent recurrence to the use of mercury will be unnecessary. A patient who takes mercury for a month will probably never require it again; but if he takes it only for a fortnight he has secondary symptoms, and then he will require to take it for four weeks, so that that which is a short course at first is a long one in the end.

With these observations I conclude the course of lectures which I undertook to give during this winter, but before we part allow me to make a few remarks with respect to the lectures themselves. When I resigned my hospital appointment, some three or four years ago, I could not but recollect that it was here that I had been able to lay the foundation of what little knowledge I may have attained in the profession, and that some of the happiest hours of my life had been passed within the walls of the hospital, in friendly intercourse with the pupils, and that among them I had found some of my sincerest and kindest friends. I felt, at the time of my resignation, that I owed a debt of gratitude which it was my wish, as far as I could, to pay. Under this impression I offered to the weekly board and to the medical officers to deliver this annual course of lectures.

It has been my endeavour to give you some information, which, of however little value it may be to those experienced in surgery, may, I hope, be of use to you who are younger men. But I have had another object in view in the construction of these lectures. They have been entirely practical, and, with hardly any exceptions, have been drawn from my own observation and experience. I wished to set you an example of what your own mode of study ought to be. In these times there is a great quantity of medical literature, such as it is. There are books on specific diseases, dictionaries, cyclopædias, compendiums, and manuals, of all kinds; and nothing is more easy than for a person with a tolerable memory to look into books and learn by heart the prevalent doctrines and opinions of the day, and then to be able to discourse on those subjects as if he really understood something of them, and to go and pass what is called a good examination; that is, to answer every question that is put to him. You may be successful in qualifying yourselves in this manner, but depend upon it, it will be of no avail to you in future life. A man who gets up this sort of knowledge from books, is good for nothing.

He goes to the bed-side of a patient, but he knows nothing either of the disease or of its treatment, and he is, therefore, in doubt about it. He has not that confidence in himself which enables him to take every responsibility, and which medical practitioners must do in difficult cases. You must, in order to be qualified for the situations which you are hereafter to fill in life, gain your knowledge, not from books, but from your own investigations. I do not say that you are not to look into books and to read them, but it should only be done in conjunction with practice. If

you have a particular case before you, refer to a good book, and that will enable you to examine it far better than you would otherwise do; but the principal thing is to observe for yourselves. This remark applies to anatomy, to surgery, and to physic. You may get up anatomy by being examined by your teachers, by learning books by heart, and appear a very good anatomist to the man who examines you; but that knowledge will be of no service whatever in practice. No anatomical knowledge is of any use excepting that which you obtain by seeing the parts in the lecture-room and then examining them for yourselves and by your own hands in the dissecting room. I can assure you there is no other anatomical knowledge worth having, and the man who has qualified himself merely to pass an anatomical examination in the way to which I have referred will find that he has no chance whatever when he comes into competition with one who has made himself an anatomist in the proper way. So it is with respect to hospital practice; you must look at cases and study them for yourselves. Examine the cases in the morning and refer to books in the evening, otherwise you will have no useful knowledge. Consider the observations which drop from the medical officers, compare what they say with the living person, and take notes with your own hands. No person can learn either medicine or surgery who does not take notes, for it is the only way to obtain that knowledge which is necessary in practice.

I take the liberty of making these observations, not that you particularly need them, but they may be of use to younger persons in the profession. The way which I have pointed out is the only one in which you will be enabled to succeed in your profession, and to practice it with comfort to yourselves and advantage to the public. In fact, I think that very few will get into practice at all who do not pursue the study of the profession in the practical manner which I have suggested. I offer these remarks with an entire feeling of friendship, and with the most earnest wish that you may be successful in your profession and do honour to this school.

The worthy baronet then retired amid the acclamations of the pupils.--*London Lancet.*

BIBLIOGRAPHICAL NOTICES.

FIRST PUBLICATIONS OF THE SYDENHAM SOCIETY.

The Sydenham Society, instituted 1843. *The Epidemics of the Middle Ages.* From the German of J. F. C. HECKER, M. D., Professor at Frederick William's University at Berlin, and member of various learned Societies in Albany, Berlin, Bonn, Copenhagen, Dijon, Dresden, Erlangen, Hanau, Heidelberg, Leipzig, London, Lyons, Marseilles, Metz, Naples, New York, Offenbourg, Philadelphia, Stockholm, Toulouse, Warsaw and Zurich. Translated by B. G. Babington, M. D., F. R. S., &c. 8vo. pp. 418. London, 1844.

The Sydenham Society, instituted 1843. *Researches on Phthisis, anatomical, pathological and therapeutical.* By P. C. A. LOUIS, M. D., Physician to the Hôtel Dieu; Perpetual President of the Medical Society of Observation; Member of the Royal Academy of Medicine; Honorary Member of the Medical Societies of Massachusetts and of Edinburgh, of the Provincial Medical and Surgical Association of England; Fellow of the College of Physicians and of the Medical Society of Philadelphia; of the Royal Academy of St. Petersburg; of the Medical Societies of Heidelberg and

Bruges; of the Medical Society of Observation of Boston. 2d edition, considerably enlarged. Translated by WALTER HAYLE WALSH, M. D., Professor of Pathological Anatomy in University College, London; Physician to the Hospital for Consumption and Diseases of the Chest; Member of the Medical Society of Observation of Paris, &c. 8vo. pp. 571. London, 1844.

The two first works published by the Sydenham Society are now in the hands of the subscribers in this country; the third and last for 1843, a complete Latin edition of the works of Sydenham, is on its way hither. The whole cost of one year's subscription, will be *between six and seven dollars*; and any one of the works is nearly worth the money;—we mean of course, commercially.

The Council assert, that they have devoted nearly the whole income to the bare expenses of editing, printing and binding, and will place in the hands of the members three handsome volumes, comprising about 2000 pages of close print, amounting in value to at least double that of the subscription.

The society has met with unusual success. At the annual meeting held on the first of May—Sir James Clark in the chair—it was stated, that the number of members then enrolled amounted to 1700; and that continual accessions were taking place. At the present day, the number cannot be far, if at all, short of 2000. It was the original intention of the Council to issue the works of Sydenham in the original Latin, as a natural commencement of their operations; but this intention they were compelled to forego. "A good Latin edition of Sydenham," say they, "has long been a desideratum; and it has been felt by all scholars to be a disgrace, that the country, which boasts of having given birth to a second Hippocrates, should never yet have produced a complete edition of his works, worthy of their author. In appointing Dr. Greenhill of Oxford as the editor of Sydenham's works, the Council feel assured that this desideratum will be supplied; and they are happy in being able to report, that the Latin edition will in the course of a few weeks be in the hands of the subscribers. The amount of labour required, and the pains which Dr. Greenhill has bestowed on his task, are the sole causes that have prevented the earlier issue of Sydenham's works."

"In reviewing the past year and the present state of the Sydenham Society," the Council add, "it must be admitted to have succeeded far beyond the most sanguine expectations of its founders; nor can it fail to be a source of well founded rejoicing to all who have the interests of the profession at heart, that so large a number of its members have given their support to an institution having for its object, not the gratification of any mere temporary appetite, or the supply of any ephemeral or trifling wants, but of those lasting stores of solid information and improvement, whence not only the present but future generations must derive permanent advantage. It augurs well for the future welfare of the profession, that so many of its junior members are to be found in the first list of our subscribers. In conclusion, the Council have to express their thanks for the kind and patient indulgence that has hitherto been accorded them. In getting the necessary machinery of so large and important a Society into steady and regular operation, many difficulties naturally occurred, and much time was requisite. Having, however, now a number of books in preparation, the Council trust, that they will be enabled to present the subscribers, at short

intervals of time, with works which, from their own nature, as well as from the character it is wished the society should maintain, have necessarily demanded much time and labour in editing. The full amount of benefit that the Society is capable of conferring on its members, cannot, however, be ensured, except by the continual efforts of each one to increase its numbers. It is only by this means that any hope can be entertained of extending the plan of its operations, so as to fulfil the desires expressed by many of its present supporters. It is therefore earnestly hoped that all who are anxious for its success, will exert themselves to the utmost in making known its objects, and in increasing its members."

It may be well to add the following note appended to the "Regulations for the delivery of books" in the Report of the Second General Meeting of the Society.

"Nearly the whole of the impression of 1750 of the three works for the first year being now appropriated, the Council cannot promise to supply any new subscribers for the past year. Those gentlemen, however, who may wish to have the first year's publications, are requested to inform the Secretary, when their subscriptions for the second year are paid. The names of such persons will be registered in the order in which they are sent in, and if any copies remain of the first year's publications, they will be appropriated in the same order. If, however, the number of those who have expressed a desire for the first year's publications, shall at any time be sufficient to justify it, a reprint of those works will be determined on."

The subscription constituting a member is *five dollars*, to be paid in advance on the 25th day of March annually, for which he is entitled to a copy of every work published by the Society for the year for which he subscribes. "Any subscriber who shall not have paid his subscription previous to the last day in July of the current year, shall not be allowed the privileges of that year's subscription *except on the payment of a fine of five shillings; nor shall any one be allowed to join the society for the current year after that period, except on payment of a similar fine.*"

The fine will not be enforced on this side the Atlantic; but it must be borne in mind, that delay may prevent the subscriber from obtaining the books which he desires, as the whole edition may be disposed of before he makes up his mind,

Thus much for the course and prospects of the Society. As regards the works issued by them.

1. The treatises of Hecker furnish interesting information in regard to some of the most terrific epidemics of which history makes mention;—which appeared and disappeared, like the cholera of modern periods, without any plausible reasons having been suggested to explain their coming or their going. The copy right of the Black Death was presented to the Society by Dr. Babington; that of the Dancing Mania was negotiated for by him, and both were prepared by him for the press, together with a translation, now for the first time made public, of the Sweating Sickness. As an appendix to the last, is added Caius's *Boke or Counsell against the Disease commonly called the Sweate or Sweatyng Sicknesse*, of which two copies only are known to exist;—one in the British Museum, and one in the Library of the College of Physicians of London.

That which has happened once may occur again. It is fortunate, however, that for the production of these fearful epidemics, the precise combination of causes that produced them but rarely occurs; still the catenation may take place; and then works like that of Hecker become invaluable. Under any circumstance, indeed, they are replete with interest to the learned physician, as they are to the statesman and philanthropist.

2. The second work—that of Louis—treats of a disease, which instead of visiting us at immense intervals of time, is rife—fearfully rife—in almost every portion of the world. It, therefore, must be acceptable to all; and the Council feel rightly when they say they “are persuaded, that they have only acted in accordance with the grand design of the Society in placing this work in the hands of nearly 2000 of their professional brethren.” It is the second edition of the work of the great observer; and one of the productions which first gave him the elevated character he enjoys wherever his name is known. The translator, Dr. Walshe, was a pupil of M. Louis, and is in every way qualified for the task.

It is but necessary to add, that the two works, in execution and general appearance, may take their place on the shelves of the Library, along with the best productions of the British bookcraft.

The Medical Student, or Aids to the study of Medicine. A revised and modified edition. By ROBLEY DUNGLISON, M. D.; Professor of the Institutes of Medicine, &c. &c. 12 mo. pp. 311. Philadelphia: Lea and Blanchard, 1844.

The first edition of this work appeared some years since. It originated, we are told, in the numerous applications made to the author for his opinion, as to the best method of study for one about to enter upon professional life, as well as for one engaged in its prosecution. Another edition being called for by the publishers, the author has embraced the opportunity to subject the work to an entire revision.

It now consists of four chapters, on the following subjects: Chapt. 1. On “Preliminary education:” or the amount and kind of learning required to qualify a student for entering upon the study of medicine.

Chapter 2. “Medical education prior to attendance on lectures.”

Chapter 3. “Medical education during the period of attendance on lectures.”

Chapter 4. “Medical education after graduation.”

In the course of his discussions on the various topics embraced in these chapters, (and which comprehend a great variety) the author’s observations are designed to apply exclusively “to the study of medicine as taught in this country.” He “has entered into few or no speculations as to what medical education ought to be. The work is intended simply as some guide to the American medical student, who, too frequently, is totally uninformed as to the course he ought to pursue—not only when he commences to read professional subjects, but before he enters a medical college for the prosecution of his studies there.”

Beside the author’s general qualifications for writing a work like the present, his great experience as a teacher, and much intercourse with students, have served to make him particularly acquainted with the difficulties they generally experience in their progress. Accordingly, we

find in this production many useful suggestions and valuable hints. The proper method and objects of study, are clearly pointed out; designating such as are important from those which are merely convenient or expedient. It will be admitted, we think, by all who read this publication, that it contains much curious and instructive matter, and is well calculated to guide the student and young physician in the successful prosecution of their studies.

Anatomical Atlas, illustrative of the structure of the human body. By HENRY H. SMITH, M. D., Fellow of the College of Physicians, Member of the Philadelphia Medical Society, &c., Under the supervision of WILLIAM E. HORNER, M. D., Professor of Anatomy in the University of Pennsylvania, &c., Part V. Philadelphia, Lea and Blanchard, 1844.

This number is occupied with “*the Nervous System and the Senses*,” and contains “one hundred and thirty-six figures,” and an index of the illustrations of the whole work.

The present Part completes this valuable work, and is in all respects equal to those which have preceded it.

In noticing the several “parts” as they successively appeared, we found occasion to express our decided commendation both of the plan and its execution; and now that the work is completed, we can only affirm of the whole what we have already said of the “parts”—it is a performance which reflects great credit upon the author, the artists, and the publishers. In a few instances we thought it our duty to point out what appeared to us to be errors, but of no great moment; and once, (in reference to Fig. 432 and 433) we fell into error ourselves. The fact that the work has been carried through the press under the supervision of Professor Horner, is a sufficient guarantee for its general accuracy.

THE MEDICAL EXAMINER.

PHILADELPHIA, OCT. 5, 1844.

NEW ORLEANS MEDICAL JOURNAL.

What has become of this Journal? We received the first number, (May, 1844,) but have had none since, nor can we learn that it has been received by any one in this city. Will our brethren of N. O. look to it?

QUACKERY AT A DISCOUNT.

Among the advertisements on the cover of a late number of the *London Lancet*, the following is conspicuous: “HYDROPATHY.—As many members of the Medical profession have now satisfied themselves of the value of Hydropathy, it is no longer expedient that a private individual should seek to vindicate the cause. Mr. RICHARD BEAMISH is, therefore, willing to RESIGN his position at Prestburg, with his establishment at Field House, and all Hydropathic Appliances, upon any moderate terms.”

The meaning of this we take to be, that, so “many members of the Medical Profession,” having repudiated a profession which had already repudiated them, and taken themselves to the rather fashionable humbug in which he had engaged, he finds it no longer profitable, and is therefore willing to “RESIGN his position,” with all its “hydropathic appliances, upon any moderate

terms"—or, as the shop-keepers advertise upon their windows: "*Selling off below cost, to close business.*"

It will not be long till "Mr. Richard Beamish" will have followers in this as in his former example. We have heard of some Homœopathists lately, who, like him, have been engaged in the very disinterested business of "vindicating the cause," until "many members of the medical profession have now satisfied themselves of its value," and the *philanthropists* are therefore now seeking Hydropathic establishments, in order next to vindicate that.

RECORD OF MEDICAL SCIENCE.

EXCISION OF THE SPLEEN.

M. Berthert of Gray, relates a case of excision of the spleen. An individual received, in a quarrel, a cut with a knife in the left side. Eight days after the accident, M. Berthert, on being called in, found a considerable tumour formed by the spleen, which exhaled a strong smell of putrefaction. He excised the tumour, the surface was methodically dressed for some time, and healed. The patient lived more than thirteen years afterwards, and his digestions were always accomplished with ease, which seems to prove that the spleen is not more necessary to life in man than in the animals from which it has been excised of late by vivisectioners. This individual died of pneumonia. Only a very small portion of the spleen, as large as a nut, was found; it was applied on the external parietes of the stomach.—*Lon. Lancet.*

CARCINOMA OF THE BREAST AND LIVER.

Dr. Fletcher exhibited, at a meeting of the Birmingham Pathological Society, specimens of cancer of the breast and liver, taken from the body of a woman, fifty years of age, who died of the disease. The cancerated breast was ulcerated, and generally carcinomatous; the liver was also carcinomatous, and there were about two gallons of transparent fluid in the cavity of the peritoneum.—*London Medical Times.*

GANGRENE OF THE LUNG.

Dr. Tinniswood narrates in the London and Edinburgh Medical Journal the case of a woman 31 years of age, who had long previously presented symptoms of tubercles in the lungs, and who ultimately recovered under his care after the destruction of a considerable part of that organ by gangrene, from inflammation set up in the neighborhood of a large tubercular deposit, and obliterating the vessels of a portion of the lung—the walls of the cavity having afterwards collapsed, and the greater portion of the lung becoming impervious.

SINGULAR CASE OF EMPYEMA.

M. Krause, of Dantzic, describes the case of a boy, eight years of age, who was much emaciated, and presented some symptoms of phthisis, the suspicion of which, however, was abated, by finding no difference either in the circumference or movements of the chest. He had a swelling under Poupart's ligament, which presented the appearance of a lumbar abscess, was opened, and a pound of good pus evacuated. The boy died in the course of a few days, and when the body was opened, the case was discovered to be one of empyema on the left side,

which communicated by a narrow sinus, through an opening in the diaphragm, along the left lumbar vertebrae, with the abscess in the groin. The lung was tuberculous, and contained a large vomica.

DEATH FROM ABUSE OF ARDENT SPIRITS.

Dr. Nicol details, in the *London and Edinburgh Med. Journal*, the particulars of the *post-mortem* appearances presented by the body of a young man, who was found dead after drinking freely of whiskey. The principal morbid phenomena were found in the alimentary canal; on opening the stomach, an evident odour of ardent spirits was emitted. The whole of the mucous membrane, from about one half up the œsophagus, along the whole extent of the stomach, and for about eighteen inches down the intestines, was highly injected; the vascularity of the corrugated part of the stomach was of a deep crimson colour through its whole extent. The œsophagus and the intestines presented a similar appearance, but the colour was less intense, gradually fading until it merged into the normal straw-colour of the healthy structure. The uncorrugated plane, immediately preceding or adjoining the pyloric orifice was highly vascular, of a bright scarlet or vermilion colour, evincing arterial injection, while the rest seemed decidedly venous. There were several large patches of viscid mucus adherent to the more depending parts of the stomach, which were first supposed to be coagulable lymph, but there was not any erosion, extravasation, or sanguineous stain on any part of the exposed surfaces. The brain was apoplectic. The fluids contained in the alimentary canal were analysed, but not a trace of poisoning could be discovered.

SUCCESSFUL REMOVAL OF THE UTERUS BY LIGATURE.

Dr. Toogood, of Bridgewater, narrates in the Provincial Medical Journal, the case of a maiden lady, sixty years of age, whom he had attended several years previously for prolapsus uteri. A former partner of his, Mr. Parsons, was called to her in consequence of procidentia uteri occurring, and her being totally unable to restore the womb to its proper position, in which he also failing, a consultation was held with Dr. Toogood, and it was determined to remove the protruded mass by ligature, which was applied very firmly round the neck of the swelling, just within the vagina. The mass, when removed, was about two pounds' weight, and of the shape of the uterus, but its structure was much altered in character, the cavity being quite obliterated, and the os uteri almost cartilaginous. The patient perfectly recovered.

HERNIA CEREBRI.

The following causes have been alleged as possibly productive of hernia cerebri:—Firstly, the normal movement of the brain, from the action of the heart and lungs in their unexcited state; secondly, the same movement increased by local congestion, inflammation, and general inflammatory fever; and thirdly, disorganization of the brain, and fluids, the products of inflammation.

SEASONING.

Dr. Armstrong says the influence of warm climates is apparent after a few years' residence within the tropics. Europeans lose their sanguineous complexions, and acquire the power of resisting the heat better than the new comer. This power of accommodation to circumstances arises from a corresponding change in the functions of life, and which is usually attributed to the individual having undergone the process of seasoning.—*Lon. Med. Times.*